

11/04/04
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26568 7590 08/11/2004

COOK, ALEX, MCFARRON, MANZO, CUMMINGS &
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Renee C. Barthel, 48, 356	(Depositor's name)
<i>Renee C. Barthel</i>	(Signature)
November 3, 2004	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/942,236	08/29/2001	Richard A. Hillstead	HILL 100	9154

TITLE OF INVENTION: MEDICAL INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/12/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
DAVIS, DANIEL J	3731		606-205000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cerebral Vascular Applications, Inc.

01 FC:2501
Duluth, GA
03 FC:8001

685.00 OP
300.00 OP
30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Renee C. Barthel Nov. 3, 2004

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